

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of
Brett Cryer

Examiner: M. A. Mendez

For: INTRAVASCULAR CATHETER WITH
EXPANDED DISTAL TIP

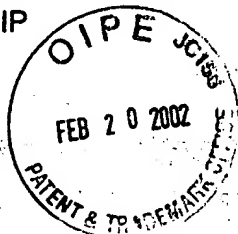
Group Art Unit: 3763

Customer No. 23,422

Serial No.: 09/631,907

Filed: August 4, 2000

Docket No.: 9600.3831



TRANSMITTAL

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CERTIFICATE OF MAILING PURSUANT TO 37 CFR §1.8

I hereby certify that this paper is being deposited in the United States mail as first class mail with postage prepaid, and is addressed to:
The Assistant Commissioner for Patents, BOX NON-FEE AMENDMENT, U.S. Patent and Trademark Office, Washington D.C. 20231,
on November 8, 2001 in San Francisco, CA. By: [Signature]

BOX NON-FEE AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

COPY OF PAPERS
ORIGINALLY FILED

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment.

Also enclosed are:

- ☒ Return receipt postcards.
- ☒ Associate Power of Attorney and Change of Correspondence Address.

2. Fee Calculation

- ☐ No additional claim fee is required.
- ☒ Amendment increases number of claims

ADDITIONAL CLAIM FEE CALCULATION

	Claims After Amendment Less Number Paid For	Number Extra	Rate	Fee
Total Claims	30 - 20 =	10	x \$ 18	\$180.
Independent Claims	4 - 3 =	1	x \$ 84	\$84.

* If less than zero, enter "0".

Additional Claim Fee\$264

3. As a small entity applicant is entitled to a 50% reduction in fees:\$-0-

4. Applicant hereby petitions for an Extension of Time of 1 month(s), pursuant
to Rule 1.17(a)(1). Fee required \$ 110.00\$-0-

5. Other fees due: Specify \$-0-

Total Fees Due\$264.

6. Payment of Fees

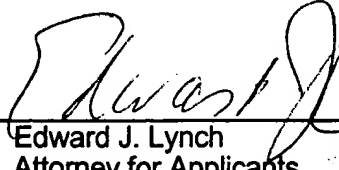
- ☒ A check in the amount of \$264.00 is enclosed.

7.

X

The Commissioner is hereby authorized to charge any additional fees (or credit any overpayment) associated with this communication and which may be required under 37 CFR §1.16 or § 1.17 to Account No. 08-1641, referencing Docket No. 9600.3831.
A duplicate sheet is attached.

By: _____


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